INVENTORY OF ADULT MENTAL HEALTH SERVICES
August 2005

CLARA MARTIN CENTER (Orange County)	
Demographic Characteristics	
Adult Population: 29,286 DMH adult MH funding: $2,247,370 DMH adult MH funding per capita: $76.74 CRT funding per capita $42.26 # Homeless individuals with mental illness: none reported	VSH inpatient days: 1,261 All inpatient days for adult MH treatment: 2,720 Average daily census for VSH: 3.5 Average daily census for all inpatient MH treatment: 7 # Inpatient Forensic Evaluations: 0
Acute Care Resources	
General Hospital: Gifford Medical Center Psychiatric unit beds: 0	Crisis stabilization beds: 0 Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 6 (Safe Haven) Shelter Plus Care beds: 8* Local Continuum of Care Priority need: Renewal of Safe Haven & affordable housing	Licensed community care home beds: 0 Supported single room occupancy beds: 0 Permanent Supportive Housing beds: 0 Housing Contingency Fund rental assistance: $22,882
Consumer / Family Supports	
Peer-run program: Safe Haven (6 beds) – transitional housing for homeless mentally ill VPS support group: 0 Recovery Education: available sporadically (less than 1 cycle/year) at Safe Haven	Family-to-Family Education: none (limited number of family members have attended classes at CVMC occurring once a year) NAMI-VT Support Group: 1
Key Gaps Identified From Other Plans	
• Mental health care for all ages is a priority. "Prevention and crisis intervention specific to each community was considered paramount." • Gifford has been active in expanding primary care/mental health integration, which is descibes as a successful long-term program in the Chelsea Family Health Center, now to be replicated at the Gifford Family Health Center in Bethel. (See HRAP selected summary attached)	Local System of Care Plan: • More information about medications • Funding for case management for non-CRT adults • Crisis or step-down facility in Orange County
Additional Service / Support Components	
Case management High-fidelity Family Psychoeducation High-fidelity Supported Employment	High-fidelity DBT Medical team w/psychiatric nurse practitioner, also additional psychiatrist 2 days a week

*Local System of Care Plan says that CMC applied for and received three additional Shelter + Care vouchers this past year.

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COUNSELING SERVICES OF ADDISON COUNTY (Addison County)	
Demographic Characteristics	
Adult Population: 27,582 DMH adult MH funding: $2,618,557 DMH adult MH funding per capita: $94.94 CRT funding per capita $54.21 # Homeless individuals with mental illness: 66	VSH inpatient days: 1,496 All inpatient days for adult MH treatment: 2,560 Average daily census for VSH: 4.1 Average daily census for all inpatient MH treatment: 7 # Inpatient Forensic Evaluations: 3
Acute Care Resources	
General Hospital: Porter Medical Center Psychiatric unit beds: 0	Crisis stabilization beds: 0 Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 6 (Hill House) Shelter Plus Care beds: 23 Local Continuum of Care priority need: Supportive transitional housing for youth and youth in transition to CRT (5 referrals in last 45 days)	Licensed community care home beds: 8 (closing in 2 months) Supported single room occupancy beds: 0 Permanent Supportive Housing beds: 0 Housing Contingency Fund rental assistance: $10,331
Consumer / Family Supports	
Peer-run program: 0 VPS support group: 1 Recovery Education: 2 cycles per year (taught by CSAC staff due to shortage of consumer educators) Recovery Support Group: 1	Family-to-Family Education: Available once each year NAMI-VT Support Group: 1
Key Gaps Identified From Other Plans	
• Need to increase capacity for adult and adolescent MH/SA services; need improved reimbursements. Primary care is difficult to schedule (months in advance), leading to unnecessary use of ER as the only "immediate care" option in area. • Need to explore delivery of short-term psychiatric inpatient care for emergency stabilization, in local community. (See HRAP selected summary attached)	Local System of Care Plan: • Locally based crisis stabilization alternatives • Shortage of staff for complex, long-term psychotherapy; also for TX for trauma and substance abuse • Affordable community care home beds in Addison County • □ funding for staff pay & other inflationary expenses • □ funding & services for non-CRT adults • More staff expertise in psychotherapeutic work w/families • Staff training in aging issues • Staff training & program development for transition-age clients
Additional Service / Support Components	
Strong and effective DBT program Further development of IDDT	Supported employment "Harm reduction" project using HUD Shelter + Care housing vouchers

INVENTORY OF ADULT MENTAL HEALTH SERVICES
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NORTHWESTERN COUNSELING & SUPPORT SERVICES (Franklin and Grand Isle Counties)	
Demographic Characteristics	
Adult Population: 41,076 DMH adult MH funding: $3,314,997 DMH adult MH funding per capita: $80.70 CRT funding per capita $41.65 # Homeless individuals with mental illness: none reported	VSH inpatient days: 1,730 All inpatient days for adult MH treatment: 3,295 Average daily census for VSH: 4.7 Average daily census for all inpatient MH treatment: 9 Inpatient Forensic Evaluations: 16
Acute Care Resources	
General Hospital: Franklin - Northwestern Medical Center Psychiatric unit beds: 0	Crisis stabilization beds: 1 (22 Upper Weldon St.) Public inebriate beds: 4 (CDAS)
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 12 (6 - 22 Upper Weldon Street; 6 - 174 North Main Street) ShelterPlus Care beds: 11 Local Continuum of Care Priority need: Affordable housing	Licensed community care home beds: 4 Supported single room occupancy beds: 0 Permanent Supportive Housing beds: 20 Housing Contingency Fund rental assistance: $15,711
Consumer / Family Supports	
Peer-run program: 0 VPS support group: 0 Recovery Education: Had been doing 1-2 cycles per year. Recently lost key staff, future of cycles is unclear Pilot site for family psychoeducation program	Family-to-Family Education: Available once every 2 years NAMI-VT Support Group: 1
Key Gaps Identified From Other Plans	
See HRAP selected summary (attached)	Local System of Care Plan: • □ capacity for ID and TX of co-occurring disorders (staff are participating in statewide co-occurring initiative) • Peer support options (identify, implement, & evaluate) • Consolidation of initiatives as established programs (co-occurring treatment, family partnership, TBI, recovery groups, smoking cessation, case management outreach protocol) • Careers for clients; better engagement techniques for clients reluctant to work • Broader & more responsive housing/residential continuum • Services for aging population • Services to meet needs of increasing population • Lack of collaboration w/federally qualified community health centers • □Section 8 certificates • Public education about functions & limits of crisis services • □ community acute care and hospital diversion resources • □ crisis staffing level
Additional Service / Support Components	
Community Support Program Developing program for adults with TBI Supported Employment	2 residential programs (therapeutic, transitional) ACT team Crisis services w/stronger coordination partnerships both within agency and with other providers in various

	communities • Community tragedies response capacity • Disaster Plan in development

INVENTORY OF ADULT MENTAL HEALTH SERVICES
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NORTHEAST KINGDOM HUMAN SERVICES (Caledonia, Essex and Orleans Counties)	
Demographic Characteristics	
Adult Population: 49,441 DMH adult MH funding: $3,560,022 DMH adult MH funding per capita: $72.01 CRT funding per capita $44.52 # Homeless individuals with mental illness: 48	VSH inpatient days: 2,214 All inpatient days for adult MH treatment: 3,970 Average daily census for VSH: 6.1 Average daily census for all inpatient MH treatment: 11 Inpatient Forensic Evaluations: 8
Acute Care Resources	
General Hospital: Caledonia - Northeastern Vermont Regional Hospital; Orleans - North Country Hospital Psychiatric unit beds: 0	Crisis stabilization beds: 3 (with DS) Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 3 ShelterPlus Care beds: 5 Local Continuum of Care Priority need: Permanent affordable housing opportunities	Licensed community care home beds: 0 Supported single room occupancy beds: 0 Permanent Supportive Housing beds: 0 Housing Contingency Funds rental assistance: $16,670
Consumer / Family Supports	
Peer-run program: 0 VPS support group: 1 Recovery Education: Cycles available sporadically (less than once each year)	Family-to-Family Education: Available once per year NAMI-VT Support Groups: 2 (St. Johnsbury & Barton)
Key Gaps Identified From Other Plans	
• Address known workforce shortages in psychiatry, psychiatric nurse practitioners, & social workers. • Among services most often mentioned as insufficient access were mental health services for children and mental health medication management for adults. Among barriers most often mentioned are insurance coverage issues. • Objectives need to be increased outpatient counseling and psychiatric services and creating facilities that support people in recovery. • Northeastern currently plans to continue active work in primary care/MH integration, but not to consider providing inpatient psychiatry. (See also HRAP selected summary attached)	Local System of Care Plan: • CRT - Strengthen process of discharge from hospital care • AOP - Adult psychiatric services; inadequate outpatient services for people who have experienced trauma • Lack of written plan for response to community trauma • Need for more clinical training in working with traumatized people • Implement & expand program for co-occurring disorders • Lack of funding for free-standing Emergency Services • High turnover among CRT staff • Need for user-friendly management information system • Inadequate funding for psychiatry and staff salaries
Additional Service / Support Components	
PACT DBT IMR CCISC Supported Employment Emergency Services: 24-hr. telephone assessment & triage, face-to-face evaluation for referral to acute care, same-day screening for court-ordered observations,	

and response to community trauma Social support Medical services Provisional-status CRT program (6 month evaluation & determination period) AOP services in St. J & Newport: Monday eve.	

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<table>
<tr><th colspan="2">RUTLAND MENTAL HEALTH SERVICES
(Rutland County)</th></tr>
<tr><td colspan="2"><u>Demographic Characteristics</u></td></tr>
<tr><td>Adult Population: 50,094
DMH adult MH funding: $3,020,289
DMH adult MH funding per capita: $60.29
CRT funding per capita $33.19
Homeless individuals with mental illness: 30</td><td>VSH inpatient days: 1,136
All inpatient days for adult MH treatment: 4,896
Average daily census for VSH: 3.1
Average daily census for all inpatient MH treatment: 13
Inpatient Forensic Evaluations: 10</td></tr>
<tr><td colspan="2"><u>Acute Care Resources</u></td></tr>
<tr><td>General Hospital: Rutland Regional Medical Center
Psychiatric unit beds: 19</td><td>Crisis stabilization beds: 0
Public inebriate beds: 0</td></tr>
<tr><td colspan="2"><u>Supportive Housing Resources</u>
➢ Key gaps identified in local continuum of care plan (describe)</td></tr>
<tr><td>Staffed, group residential treatment beds: 1 (Pine Street Apartments)
ShelterPlus Care beds: 12</td><td>Licensed community care home beds: 68
Supported single room occupancy beds: 0
Permanent Supportive Housing beds: 0
Housing Contingency Fund rental assistance: $35,822</td></tr>
<tr><td colspan="2"><u>Consumer / Family Supports</u></td></tr>
<tr><td>Peer-run program: 0
VPS support group: 1
Recovery Education: Recovery-based staff led groups available through RMHS; Recovery Support Group (peer led); Recovery Celebration Day in 2004 (Improved relationship with VPS; rapport with NAMI-VT lacking)</td><td>Family-to-Family Education: Classes have not been held since Spring 2003
NAMI-VT Support Group: 1</td></tr>
<tr><td colspan="2"><u>Key Gaps Identified From Other Plans</u></td></tr>
<tr><td>• Rutland inpatient draws from areas without inpatient services (Addison, Bennington, plus Windsor and Chittenden), while lack of children's inpatient means area children must go to the Brattleboro Retreat for care. Resources at all levels fail to meet needs for care: youth and adult, education, prevention, intervention, treatment (inpatient, outpatient and residential), follow-up and aftercare; barriers include transportation and insurance issues.
• "Inpatient" resources are needed for "respite"/subacute.
• Need for expanded MH/SA cited as most pressing concern; lack of access to timely consults or referrals results in primary care providers having to "practice psychiatry."
• Expand co-occurring disorders program to Rutland
(See also HRAP selected summary attached)</td><td>Local System of Care Plan:
• Reduced access to tenant-based Section 8 housing
• Staff for long-term job coaching
• Individual outpatient treatment for non-CRT individuals
• More psychiatry
• More staff (e.g., case managers w/Master's degrees)
• $ for training for line staff
• Need for effective collaboration w/inpatient settings on discharge protocol
• Section 8 funding is frozen, no waiting list</td></tr>
<tr><td colspan="2"><u>Additional Service / Support Components</u></td></tr>
<tr><td>Supported Employment
Emergency & transitional housing
CCISC program
DBT program</td><td>Strong working relationship w/local Corrections & law enforcement
Walk-in clinic one day a week (0.5 staff for AOP)</td></tr>
</table>

INVENTORY OF ADULT MENTAL HEALTH SERVICES
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UNITED COUNSELING SERVICES (Bennington County)	
Demographic Characteristics	
Adult Population: 29,228 DMH adult MH funding: $3,021,951 DMH adult MH funding per capita: $103.39 CRT funding per capita $57.94 # Homeless individuals with mental illness: none reported	VSH inpatient days: 934 All inpatient days for adult MH treatment: 3,046 Average daily census for VSH: 2.6 Average daily census for all inpatient MH treatment: 8 Inpatient Forensic Evaluations: 7
Acute Care Resources	
General Hospital: Southwestern Vermont Medical Center Psychiatric unit beds: 0	Crisis stabilization beds: 6 (Battelle House) Public inebriate beds: 1 (Battelle House)
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 6 (South Street) ShelterPlus Care beds: 6 Continuum of Care Priority need: Housing options for children aging out of DCF & other custody	Licensed community care home beds: 9 Supported single room occupancy beds: 1 Permanent Supportive Housing beds: 0 Housing Contingency Fund rental assistance: $34,417
Consumer / Family Supports	
Peer-run program: 0 VPS support group: 3 (2 in Bennington, 1 in Manchester) Recovery Education: Recovery cycles available each year	Family-to-Family Education: Available once each year NAMI-VT Support Group: 2 (Bennington & Manchester)
Key Gaps Identified From Other Plans	
See HRAP selected summary (attached)	Local System of Care Plan: • Service Planning and Coordination • Community Supports • Employment Services • Clinical Interventions • Consultation, Education, and Advocacy • Housing and Home Supports • Transportation These capacities were also listed as agency strengths: • Reduced staffing over the years and other pressures on ability to deliver case management • Insufficient access to psychiatric services difficulties providing crisis stabilization services • Insufficient case management capacity to provide for persons admitted with high case-management needs • Lack of consistent capacity for crisis outreach • Short staffing at Battelle House • Adults who don't meet criteria but still need services • Long waiting list for Adult Outpatient Services • SA not available in all divisions • Large underserved populations: parolees and high school students • In AOP, need for more specific groups for adult population (e.g., transition groups for adults coming out of Corrections,

	adult survivors of child sexual abuse, co-oddurring issues, domestic violence) • Lack of adequate transportation system
Additional Service / Support Components	
Service Planning and Coordination Community SupportsEmployment Services Clinical Interventions Consultation, Education, and Advocacy Housing and Home Supports Transportation These capacities were also listed as significant unmet needs: CCISC for persons w/co-occurring disorders IMR DBT Recovery Education (and WRAP Plan) Vermont Medical Home Project	

INVENTORY OF ADULT MENTAL HEALTH SERVICES
August 2005

WASHINGTON COUNTY MENTAL HEALTH SERVICES (Washington County)	
Demographic Characteristics	
Adult Population: 46,231 DMH adult MH funding: $6,791,025 DMH adult MH funding per capita: $146.89 CRT funding per capita $100.16 # Homeless individuals with mental illness: 78	VSH inpatient days: 1,520 All inpatient days for adult MH treatment: 5,041 Average daily census for VSH: 4.2 Average daily census for all inpatient MH treatment: 14 Inpatient Forensic Evaluations: 10
Acute Care Resources	
General Hospital: Central Vermont Medical Center Psychiatric unit beds: 15	Crisis stabilization beds: 5 (Home Intervention) Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 19 (Single Steps – 8; Chrysalis – 2; Segue House – 8; Road House – 1) ShelterPlus Care beds: 7 Local Continuum of Care Priority need: More affordable housing	Licensed community care home beds: 31+ Supported single room occupancy beds: 19 (Barre Street properties; WCCHP1 units – 6 in Barre and 4 in Montpelier – managed by Montpelier Housing Authority) Permanent Supportive Housing beds: 8 (Northfield Street)
Consumer / Family Supports	
Peer-run programs: Warmline; 2 peer support groups VPS support group: 1 Recovery Education: 2 cycles per year	Family-to-Family Education: Available once per year NAMI-VT Support Group: 1
Key Gaps Identified From Other Plans	
• System throughout state remains fragmented, lack of attention to increasing gero-psychiatric needs and facilities (group homes; consultative services to nursing homes, etc.) • Adequate short-term inpatient, but inadequate prevention and aftercare, which increases length of inpatient stays. • Access to psychiatric consultation needed in designated and non-designated hospital emergency rooms. • "It is our opinion as mental health providers that a viable and strong Vermont State Hospital to provide approximately 32 acute-intensive beds and 16 long-term rehabilitation beds is essential. The designated hospital system (short term stabilization for voluntary and involuntary patients) must be supported by these necessary resources in order for the system to remain in place and function safely. We believe that VSH should be rebuilt as either one or, at most, two physical entities and should provide the essential back-up as it does now for the acute-care designated hospital public-private system."	Local System of Care Plan: • Housing • Employment • Transportation (especially more weekday & evening options) • Dental care/shortage of dentists who take Medicaid patients • Shortage of psychiatric staff time • Services and supports for pregnant clients • Shared housing options and social support for younger clients • Health maintenance for CRT consumers: diabetes, smoking cessation, dental care • Maintaining DBT program into future

• Expand co-occurring disorders program to Barre (See also HRAP selected summary attached)	
Additional Service / Support Components	
Specialized services: DBT and Integrated Treatment for Co-occurring Disorders All core CRT services - special strengths: Vocational services Support & educational services Recovery/Sunrise Recovery Center Medication prescription & support services Crisis Intervention/Home Intervention Psychotherapy	

INVENTORY OF ADULT MENTAL HEALTH SERVICES
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HOWARD CENTER FOR HUMAN SERVICES (Chittenden County)	
Demographic Characteristics	
Adult Population: 114,975 DMH adult MH funding: $8,522,822 DMH adult MH funding per capita: $74.13 CRT funding per capita $45.62 # Homeless individuals with mental illness: 376	VSH inpatient days: 6,347 All inpatient days for adult MH treatment: 14,884 Average daily census for VSH: 17.4 Average daily census for all inpatient MH treatment: 39 # Inpatient Forensic Evaluations: 36
Acute Care Resources	
General Hospital: Fletcher Allen Health Care Psychiatric unit beds: 28 (14 voluntary, 14 involuntary)	Crisis stabilization beds: 4 (Assist) Public inebriate beds: 8 (Act One/Bridge)
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 54 (Arroway-8, 72 North Winooski-8, Branches-6 Safe Haven-7, Next Door-8, Lakeview-17) ShelterPlus Care beds: 12 Local Continuum of Care Priority need: More affordable housing for families	Licensed community care home beds: 17 Supported single room occupancy beds: 24 Permanent Supportive Housing beds: 26 (includes 6 at Safe Haven) Housing Contingency Fund rental assistance: $74,167
Consumer / Family Supports	
Peer-run programs: Westview House – staff/consumer run clubhouse: Mental Health Education Initiative - advocacy and education group VPS support group: 0 Recovery Education: 1-2 cycles available per year; 1 Recovery /Support Group; Recovery Celebration Day occurs yearly Other Support Groups: 1 Bipolar Support Group, 1 Support/Education group run by HCHS staff	Family-to-Family Education: Education class available 2 times each year NAMI-VT Support Group: 2 (Burlington & UVM)
Key Gaps Identified From Other Plans	
See HRAP selected summary (attached)	Local System of Care Plan • More staff for: intake assessments(backup sometimes 2-3 weeks); case management (extraordinarily high case-loads of 30-40 clients); intensive supports for high-needs adult clients and additional clients transitioning out of Children's Services; employment services; psychiatric time for crisis & outreach • More-secure funding for: Market Place Street Work Project, Medical Home Project, HUD-funded residential programs • Housing and home supports: Full continuum of wet, damp, & dry facilities; more capacity to free beds in Level III commu-nity care homes; group-living treatment program for transitional-aged clients w/major mental illness; more $ for clients of Section 8 waiting list; solution for high turnover among residential staff • Assertive Community Treatment Team • Cognitive behavioral therapy for clients with significant behavioral problems • Evidence Based Practices: Family Psychoeducation and Illness Management and Recovery

	• Consistent Relationship w/FAHC inpatient ward • Access to nursing home-level beds
Additional Service / Support Components	
Representative payee service (over160served) Westview Clubhouse Market Place Street Work Project Recovery Support Program Medical Home Project Intensive Case Management Crisis outreach & evaluation Training for IDDT	Employment Services: ISP Psychiatry & collaboration w/primary practitioners Co-occurring Disorders Treatment Program Consultataion, education and advocacy Many levels of housing & residential programs available Public transportation + assistance from HCHS for other types of transportation in Chittenden County

INVENTORY OF ADULT MENTAL HEALTH SERVICES
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HEALTH CARE & REHABILITATION SERVICES OF SOUTHEASTERN VERMONT (Windham and Windsor Counties)	
Demographic Characteristics	
Adult Population: 74,818 DMH adult MH funding: $5,393,542 DMH adult MH funding per capita: $72.09 CRT funding per capita $41.95 # Homeless individuals with mental illness: 233	VSH inpatient days: 1,887 All inpatient days for adult MH treatment: 9,210 Average daily census for VSH: 5.2 Average daily census for all inpatient MH treatment: 25 # Inpatient Forensic Evaluations: 11
Acute Care Resources	
General Hospitals: Windham - Mt. Ascutney Hospital, Springfield Hospital; Windsor - Grace Cottage Hospital, Brattleboro Memorial Hospital Psychiatric unit beds: 69 (Springfield Hospital/Windham Center -10; Brattleboro Retreat - 51; VA – 2; DHMC - 6)	Crisis stabilization beds: 4 (Alternatives) Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 22 (Woodstock TCR – 8 ; Beekman House – 10; Morale House – 4, in 3 apartments) Shelter Plus Care beds: 18 Local Continuum of Care Priorty need: Affordable housing & children aging out of DCF custody	Licensed community care home beds: 30 Supported single room occupancy): 0 Permanent Supportive Housing beds: 0 Housing Contingency Fund rental assistance: $29,582
Consumer / Family Supports	
Peer-run programs: Peer Recovery Center, Springfield (based in HCRS but peer run); Peer Warmline (based in HCRS but staffed by consumers) VPS support group: 1 (White River Junction) Recovery Education: # of cycles information not available; 2 Recovery Support Groups Springfield, Brattleboro); Recovery Celebration Day Other: Peer Run Leisure Planning Group, (Brattleboro)	Family-to-Family Education: no classes since 2003 - Brattleboro NAMI-VT Support Group: 3 (White River Junction, Springfield, Brattleboro) Other: Full-time family liaison employed by CRT program
Key Gaps Identified From Other Plans	
• "Overarching theme" is of need for an integrated continuum among the "silos" of mental health and substance abuse providers; services seen as uncoordinated and fragmented. • MH/SA most often mentioned issue as needing expanding or improved services; 61% in focus group saw it as "very high priority;" inadequate supply for adults, elderly, and most particularly for children. • Waiting lists for outpatients up to six weeks and "too few emergency services" result in use of ER; need arrangement for ongoing care for post-ER services. • Prisoners released from DOC are only	Local System of Care Plan: • Transportation (no local bus system currently) • Social skills and other cognitive-based groups for consumers not eligible for DBT program • Other groups needed: assertiveness, fitness, nutrition and health, budgeting, and leisure planning; also resumption of Multiple Family Group • Vocational Services: Peer support groups at all sites, classes on work etiquette, more opportunities for work-related services; also need to increase vocational support on all treatment teams • Affordable housing • More residential housing and supported apartments • Increase in housing contingency funding • More Shelter + Care slots

given a few days supply of psychotropic meds and then have 6-week wait for appointment. • Primary care and pediatricians being asked to perform outside scope of practice re: prescribing meds, due to inadequate psychiatric access. • Priorities to increase child psychiatric resources, and integration of primary care and MH. Primary physicians feel as though they are being called upon to be psychiatrists/ med management due to lack of outpatient providers; inadequate outpatient resources also adversely impacts both Springfield ER and the inpatient unit (Windham Center in Bellows Falls) — there is no other access for urgent (but non-emergency) needs. • Need for residential care for psychiatric outpatients. (Also see HRAP selected summary attached)	• Staff retention: more funding and other incentives needed • More trained DBT staff, especially for transition-aged youth • Expansion of Peer Recovery Center • Integration of IDDT fundamentals into current assessment tools and staff training • Continuing work of Interagency Team to maintain good working relationships within communities
<u>Additional Service / Support Components</u>	
ACT-model treatment teams VSH liaison to facilitate discharge planning Supported Employment DBT Police social work program	IDDT training Co-occurring program in Brattleboro 2 residential programs (Ludlow and Woodstock) Support groups for consumers in local community care home 24-hour staffed, supervised apt. program, Bellows Falls Morale House with portable Section 8 voucher Housing contingency funds

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LAMOILLE COUNTY MENTAL HEALTH SERVICE (Lamoille County)	
Demographic Characteristics	
Adult Population: 18,884 DMH adult MH funding: $2,738,312 DMH adult MH funding per capita: $145.01 CRT funding per capita $100.41 # Homeless individuals with mental illness: none reported	VSH inpatient days: 438 All inpatient days for adult MH treatment: 1,064 Average daily census for VSH: 1.2 Average daily census for all inpatient MH treatment: 3 Inpatient Forensic Evaluations: 2
Acute Care Resources	
General Hospital: Copley Hospital Psychiatric unit beds: 0	Crisis stabilization beds: 0 Public inebriate beds: 0
Supportive Housing Resources ➢ Key gaps identified in local continuum of care plan (describe)	
Staffed, group residential treatment beds: 7 (Stearns St. Group Home – 7 beds, 2 transition beds) ShelterPlus Care beds: 6 Local Continuum of Care Priority need:	Licensed community care home beds: 20 (Copley House – 20 beds , 2 transition beds) Supported single room occupancy beds: 0 Permanent Supportive Housing beds: 0 Housing Contingency Fund rental assistance: $32.490
Consumer / Family Supports	
Peer-run program: 0 VPS support group: 0 Recovery Education: Regular recovery class and groups run by LCMH with some peer leadership	Family-to-Family Education: Available once every 2-3 years NAMI-VT Support Group: 1
Key Gaps Identified From Other Plans	
• Access to mental health/ behavioral healthcare was number one among top ten of most identified needs; a “very high priority” by 61% of focus group respondents, and the number one priority/ “greatest concern” by community leaders and providers. • Inadequate outpatient and inpatient MH and SA services; need increases in adult and child, and in outpatient care, partial hospitalization, intensive outpatient care and residential care (including low income.) (See HRAP selected summary attached)	Local System of Care Plan: • Nursing home to treat CRT clients • Residential services for substance use: damp house • □ funding for core CRT services, peer support, and early intervention & prevention of severe and persistent mental illness
Additional Service / Support Components	
IDDT training Recovery services training 4 respite/transition/crisis beds (2 at Copley House and 2 at Stearn Street Group Home) 6 new Shelter + Care vouchers	DBT skills enhancement group Recovery Building Blocks groups series: clubhouse WRAP Wellness groups at 2020 and Copley House